



STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
21 GRAND STREET HARTFORD, CT 06106-1500
Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.ct.gov/trb

SERVICE AS A PART-TIME LECTURER

A public school teacher who is an active contributing member of the Connecticut Teachers' Retirement System (CTRB) and who also serves as a part-time lecturer at a Connecticut State College or University **may elect** to have such earnings included as part of salary for purposes of CTRB.

Please note that you may not receive more than 10 months (1 year) of credit in any school year. If you are employed as a regular public school teacher and receive a full year of credit for this service, you will not receive any additional credit for your service as a part-time lecturer.

This employment, of course, may have an effect in determining your highest three-year average at the time of your retirement.

You should contact your university or college payroll office regarding your eligibility to enroll in CTRB and to request the necessary forms to make this election.

Credit for service as a part-time lecturer may be purchased **as additional credited service at the time of retirement** only under the following conditions:

1. You have not already received retirement credit for this service from CTRB or been a member of the State Employees' Retirement System (SERS) or the Alternate Retirement Program (ARP) during this period of service.
- AND
2. During any academic year (excluding summer sessions or inter-sessions), you worked a minimum of six (6) credit hours.

To document this additional credited service; a **Part-time Lecturer Service Form** must be completed and forwarded to CTRB for analysis.

For purposes of determining retirement credit, each credit hour will be the equivalent of 7.5 days of service. Each eighteen (18) days of service is equivalent to one (1) month of purchasable additional credited service.



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Part-time Lecturer Service

Directions:

1. Complete Member Section A.
2. Forward to the Connecticut State College or University for completion of Section B.
3. Return the original completed form to CTRB, 21 Grand Street, Hartford, CT 06106-1500.

Section A (To be completed by the Member)

Member Name _____ SSN _____
(Please Print)

Home Mailing Address _____

Member Signature _____ Date _____

Section B (To be completed by State of Connecticut Employer)

Name of Connecticut State College or University _____

Address _____

Name and Title of person completing this form: (Please print or type) _____

Telephone number _____ Signature _____ Date: _____

Was this employee in a position covered by a retirement system? YES ☐ NO ☐

If YES name of the retirement system that the employee was a participating member of: _____
SERS, ARP, OTHER (SPECIFY)

Please furnish employment information on a school year (September through June) and semester basis. Do NOT include summer or inter-sessions:

School Year	Semester Worked (Fall/Spring)	Salary	Total Credit Hours